

National Practitioner Data Bank

NATIONAL PRACTITIONER DATA BANK PUBLIC USE DATA FILE

NPDB Public Use Data File contains selected variables from National Practitioner Data Bank Reports, received from September 1, 1990 through June 30, 2015.

File Name: NPDB1504.DAT [ASCII text]

The NPDB Public Use Data Files are available for download from <http://www.npdb.hrsa.gov/resources/publicData.jsp>.

Number of Cases: 1,159,911

Number of Variables: 54

As a result of the HIPDB merger on May 6, 2013, the NPDB Public Use File includes records from Section 1921(a)(1)(A) and 1921(a)(1)(B) with the exception of Judgment or Conviction Records (JOCRs).

CAUTION: Because of the size of this file, we strongly recommend that analysis be performed using statistical software such as SPSS, SAS, etc. The file may be too large to import into most spreadsheet programs, such as EXCEL or QUATTRO PRO. Although spreadsheet or database programs may be used to create tables and count records with specific characteristics, the use of these programs with this file is likely to be a slow and cumbersome process. Word processing programs cannot be used to analyze this file.

UNLESS YOU USE STATISTICAL SOFTWARE WHICH RECOGNIZES THE SPSS “.POR” FORMAT, YOU MUST USE THE “.DAT” VERSION OF THE PUBLIC USE FILE AND DEFINE VARIABLES AND VALUES USING THE FORMAT INFORMATION BELOW. Statistical software which recognizes the SPSS “.POR” format can read all of the variable and value information automatically and will not require you to define variables and values.

***** NOTES TO PREVIOUS USERS OF THIS FILE:**

Beginning with the November 17, 2014 version of the Public Use File, two new adverse action classification codes (codes 1151 and 1179) and their labels have been added for the variables AACCLASS1, AACCLASS2, AACCLASS3, AACCLASS4, and AACCLASS5.

Beginning with the November 17, 2014 version of the Public Use File, 21 new occupation/field of licensure codes (codes 76, 142, 176, 211, 281, 374, 471, 551, 604, 605, 613, 637, 649, 652, 653, 658, 662, 664, 665, 667 and 668) and their labels have been added for the variable LICNFELD.

Beginning with the November 17, 2014 version of the Public Use File, labels for occupation/field of

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licensure codes (codes 15, 25, 100, 150, 660, 270, 642, 501, 503, 530, 758, and 810) have been updated for the variable LICNFELD.

On May 6, 2013, NPDB and HIPDB were merged into one Data Bank under Section 6403 of the Patient Protection and Affordable Care Act (ACA), Public Law 111-148, which was signed into law on March 23, 2010. All HIPDB data were transferred to the NPDB. As a result, users of the Public Use file may see a difference in the number of reports beginning with the June 30, 2013 version.

Beginning with the June 30, 2013 version of the Public Use File, SEQNO field size has been increased from 6 digits to 8 digits. Two additional fields NPGARPT and NPCTMRPT have been added.

Beginning with May 6, 2013, thirty-three adverse action classification codes (1521, 1531, 1533, 1536, 1539, 1552, 1556, 1561, 1563, 1566, 1579, 1580, 1581, 1582, 1583, 1584, 1588, 1598, 1599, 3231, 3234, 3521, 3538, 3539, 3579, 3580, 3581, 3582, 3583, 3584, 3588, 3598, and 3599) and their labels have been added for the variables AACCLASS1, AACCLASS2, AACCLASS3, AACCLASS4, and AACCLASS5. Ten adverse action classification codes (1520, 1530, 1532, 1550, 1560, 1562, 1565, 1589, 3232, and 3589) and their labels have been retired for the variables AACCLASS1, AACCLASS2, AACCLASS3, AACCLASS4, and AACCLASS5. One new basis for action code (72) and its label has been added for the variables BASISCD1, BASISCD2, BASISCD3, BASISCD4, and BASISCD5.

Beginning with the September 30, 2012 version of the Public Use File, two new Entity Type codes (code 110 and 170) and labels have been added for the variable TYPE.

Beginning on July 31, 2011, the variable “accrrpts” will be included in the Public-Use file. Due to this additional variable, the total number of variables in the Public-Use file is 52.

Beginning with the June 30, 2010 version of the Public Use File, two new adverse action classification codes (codes 1338 and 1339) and their labels have been added for the variables AACCLASS1, AACCLASS2, AACCLASS3, AACCLASS4, and AACCLASS5.

Beginning with the March 30, 2010 version of the Public Use File, one new basis for action code (code 21) and its label has been added for the variables BASISCD1, BASISCD2, BASISCD3, BASISCD4, and BASISCD5.

Beginning with the June 30, 2009 version of the Public Use File, seven new occupation/field of licensure codes (codes 501, 502, 503, 504, 540, 607 and 759) and their labels have been added for the variable LICNFELD.

Beginning with the June 30, 2009 version of the Public Use File, fifteen new adverse action classification codes (codes 1283, 1297, 1514, 1615, 1637, 1638, 1642, 1643, 1644, 1655, 1656, 1682, 1696, 1735 and 1796) and their labels have been added for the variables AACCLASS1, AACCLASS2, AACCLASS3, AACCLASS4, and AACCLASS5.

Beginning with the June 30, 2009 version of the Public Use File, nineteen new basis for action codes (codes 17, 18, 23, 24, 25, 35, 36, 37, 50, 70, 79, 84, AH, D4, D5, D6, D7, D8 and E6) and their labels have been added for the variables BASISCD1, BASISCD2, BASISCD3, BASISCD4, and BASISCD5.

Beginning with the June 30, 2009 version of the Public Use File, two adverse action classification codes (codes 1950 and 3950), and one basis for action code (code 10) have been retired.

Beginning with the June 30, 2009 version of the Public Use File, two descriptions of Occupation/Field of Licensure codes (codes 500 and 758) have been changed. The code number and description of code 500 (Medical Technologist) was changed to code 501 (Medical/Clinical Lab Technologist). The description of code 758 (Long-Term Care Administrator) was changed to Long-Term Care/Nursing Home

Administrator. Beginning with the June 30, 2009 version of the Public Use File, 3-digit TYPE codes and their labels have been added.

Beginning with the September 30, 2007 version of the Public Use File, twenty new adverse action classification codes (codes 1138, 1146*, 1310, 1325, 1335, 1340, 1345, 1346, 1347, 1348, 1349, 1373, 1389, 1399, 1480, 1482, 1485, 1495, 1496, 1634 and 1639) and their labels have been added for the variables AACLASS1, AACLASS2, AACLASS3, AACLASS4, and AACLASS5.

***NOTICE OF CHANGE IN MEANING OF CODE.** Effective with the September 30, 2007 data file, Adverse Action Classification Code 1146 was reassigned to "Voluntary Limitation or Restriction on License". In earlier data files, code 1146 was used for "Reprimand, Censure, Voluntary Surrender of License (Individual) (Legacy Reports Only)." Code 1144 is now used for this category.

BEGINNING WITH FILES DATED DECEMBER 31, 2005 AND LATER, four new field of license codes (codes 148, 165, 175, and 470) have been added for the LICNFELD variable and the description of LICNFELD in this documentation was updated to reflect the additions. Users should be cautious in interpreting results involving the new codes. Although these codes were first available to reporters on October 17, 2005, for this data file any previously filed reports which included a written in "other, specify" response that fit one of the newly available codes was coded to the new code in this file. However, reports which may actually involve a practitioner in a field with newly available code but which were actually reported using an old code could not be recoded to the new code. For example, a Certified Nurse Aide (new code 148) that was previously reported as a Nurse Aide (code 150) was not recoded to 148 since we have no way to tell from the record that the practitioner was actually a certified nurse aide. But if the individual was previously reported with "Certified Nurse Aide" written in the "other, specify" field, then the report was recoded to 148.

>>>>> IMPORTANT NOTICE TO USERS OF FILES DATED MARCH 31, 2004 OR LATER WHO USED EARLIER VERSIONS OF THE NPDB PUBLIC USE FILE <<<<<

The March 31, 2004 and later versions of the Public Use File are substantially different from previous versions in both content and format. New variables have been added concerning malpractice payments. Some old variables have been dropped and old values converted to values for the new variables. Some variables have been renamed. These changes reflect changes to the NPDB's malpractice payment reporting requirements effective January 31, 2004. Specifically, AGEGROUP has been re-named PRACTAGE; ALGNNATR, ALEGATN1 and ALEGATN2 have replaced MALCODE1 and MALCODE2; OUTCOME has been added; TOTALPMT has been added to represent all past and expected future payments for the reported practitioner for this particular incident. PAYMENT is retained. It represents, as it has in the past, the amount of the reported payment, which in most cases is the total payment. In addition, payment amount groupings have been changed for larger payments for the "PAYMENT" variable. These new groupings also apply to the new "TOTALPMT" variable. PYRRLTNS, which explains the relationship of the reporting entity to the reported practitioner, PTAGE, the age of the allegedly injured patient in 10 year increments, PTGENDER, and PTTYPER, inpatient, outpatient, or both, have been added. Only records reported on or after January 31, 2004 in the new reporting format include values for the new variables except ALGNNATR, ALEGATN1 and ALEGATN2. For older records these three variables have values translated from the previous MALCODE1 and MALCODE2 variables. The EXCLTYPE, EXCLSTAT, and EXCLYEAR variables have been deleted because all legacy format Exclusion records have been converted to new format Adverse Action records. The information previously found in these three variables is now found in the analogous variable in exclusion Adverse Action records. The RECTYPE variable was also changed to accommodate the new malpractice payment report type. Detailed information is provided below in the "Detailed Variable Information" section.

BEGINNING WITH FILES DATED DECEMBER 31, 2003 AND LATER, this documentation file changed. The code list for the REPTYPE variable was updated.

BEGINNING WITH FILES DATED JUNE 30, 2003 AND LATER, this documentation file changed. The code lists for the following variables were updated: LICNFELD, MALCODE1, AACCLASS1, BASISCD1, and TYPE. New date of first use and date of last use columns also have been added to the description of the values for some variables. The date of first use and date of last use columns indicate the dates that the values were offered as selection criteria for report submission. When no date of first use is provided, the value has always been available. When no date of last use is provided, the value is currently available. The format for the data file was not changed.

BEGINNING WITH FILES DATED SEPTEMBER 30, 2002 AND LATER, the format of the data file changed. The adverse action classification variable name (AACCLASS) was changed to "AACCLASS1" and four additional adverse action classification variables (AACCLASS2, AACCLASS3, AACCLASS4, and AACCLASS5) were included in the file. Therefore each record may have up to five adverse action classification codes.

BEGINNING WITH FILES DATED APRIL 30, 2002 AND LATER, the format of the data file changed. The basis for action variable name (BASISCD) was changed to "BASISCD1" and four additional basis for action variables (BASISCD2, BASISCD3, BASISCD4, and BASISCD5) were included in the file. Therefore each record may have up to five basis for action codes.

BEGINNING WITH FILES DATED DECEMBER 31, 1999 AND LATER, the format of the data file changed. Records of exclusions from participation in Medicare and Medicaid (individuals only, not organizations) were added to the file and variables concerning exclusions were added. Beginning with the file of December 31, 1999, the payment amount variable also was changed. Ranges of payment amounts have been established and all payments within a range are coded to the midpoint of the range. In addition, beginning with the file of December 31, 1999, the variables included for adverse action records were changed. Files dated December 31, 1999, and later also contain revised variables for counts of the number of reports of various types for each practitioner. See the descriptions of the variables below for details concerning the new or changed variables.

BEGINNING WITH FILES DATED SEPTEMBER 30, 1999 AND LATER, the former "PROCYP" (year current version of the record was processed into the npdb) variable was changed to "ORIGYEAR" (year original version of the report was processed into the npdb). This variable does not change if a report is corrected or modified in a later year. The "TYPE" variable also replaced "ENTYTPDB" in the September 30, 1999 and later files. This reflects a change in entity type codes introduced during the summer of 1999. As reporting entities re-register with the NPDB, the type codes shown in this file will increasingly reflect use of the new codes; however since some reports included in this file were reported by entities which no longer exist or are no longer registered, some reports may permanently use the old entity type codes. See the explanation of "type" below.

BEGINNING WITH FILES DATED APRIL 30, 1999 AND LATER, each record contained the variable "FUNDPYMT," which identifies malpractice payments made by State Patient Compensation Funds. In most cases these payments are in addition to payments made for the same practitioner for the same incident by a primary insurer.

Source of Data File:

Division of Practitioner Data Banks
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5600 Fishers Lane, RM 11SWH03
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Credit:

Please cite the following as the source for this data in any report or publication which makes use of this data: "National Practitioner Data Bank Public Use Data File, [date], U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Practitioner Data Banks." ANY MENTION OF THE SOURCE OF THIS INFORMATION SHOULD REFER TO THE PUBLIC USE DATA FILE. IT IS NOT CORRECT TO CITE THE NATIONAL PRACTITIONER DATA BANK AS THE SOURCE WITHOUT ALSO SPECIFYING THE PUBLIC USE DATA FILE.

Summary:

The Health Care Quality Improvement Act of 1986 (HCQIA), as amended, Title IV of Public Law 99-660, led to the establishment of the National Practitioner Data Bank (NPDB). Title IV authorized the NPDB to collect and disclose to authorized queriers certain information relating to the professional competence and conduct of physicians, dentists, and other health care practitioners. Subsequent laws later expanded the information collected and disclosed by the NPDB and modified its operations. Most recently, Congress passed Section 6403 of the Patient Protection and Affordable Care Act of 2010, Public Law 111-148 to eliminate duplication between the NPDB and the Healthcare Integrity and Protection Data Bank (HIPDB). On May 6, 2013, NPDB operations were consolidated with those of the former HIPDB. As a result of this consolidation, information previously collected and disclosed by the HIPDB is now collected and disclosed by the NPDB. This legislation established the NPDB as the single Data Bank to receive and disclose information collected under Title IV, Section 1921 of the Social Security Act, and Section 1128E of the Social Security Act. Information is available to eligible entities based on the requirements of each law. As of May 6, 2013, the NPDB Public Use Data File contains reports received by the NPDB concerning health care practitioners, entities, providers and suppliers. Reports in the NPDB Public Use File include medical malpractice payments, and adverse actions, including clinical privileges actions, Federal and state licensure and certification actions, professional society membership actions, peer review organization actions, private accreditation actions, exclusions from Federal or state health care programs, and other adjudicated actions or decisions.

Information reported to the NPDB is confidential and can be provided only to authorized queriers, based on their eligibility to receive the information under each of the three laws. Authorized queriers include hospitals, other health care entities with formal peer review, professional societies with formal peer review, quality improvement organizations, health plans, state licensing and certification authorities, Federal licensing and certification agencies, state law enforcement agencies, state agencies administering State health care programs, state Medicaid Fraud Units, agencies or contractors administering Federal health care programs, U.S. Comptroller General, Federal law enforcement agencies and officials, health care practitioners (self-query), and plaintiff's attorney/*pro se* plaintiffs (under limited circumstances),.

Under section 426 of the HCQIA(42 USC 11135), as implemented by regulations at 45 CFR part 60.13(a)(2)(ix), data may be released to "a person or entity who requests information in a form which does not permit the identification of any particular health care entity, physician, dentist, or other health care practitioner." This file is released in accordance with that provision to facilitate research use of

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NPDB information by persons interested in medical malpractice, licensing, discipline, and quality assurance issues.

For specific detailed information on the NPDB and the types of data reported to it, you may review the NPDB Guidebook. The Guidebook is available on the Internet at <http://www.npdb.hrsa.gov/resources/aboutGuidebooks.jsp>. Other information concerning the NPDB is available at <http://www.npdb.hrsa.gov>.

In accordance with the Law and Regulations, variables which identify or would allow identification of individual entities or practitioners are excluded from the public use file. In order to assure confidentiality to all types of practitioners, the smallest geographic unit identified in each record in this file is a State. However, *if workloads permit*, the Division of Practitioner Data Banks *may* be able to provide data sets for particular types of practitioners identified to smaller geographic units to researchers who demonstrate to the satisfaction of the Branch that there are enough practitioners of the subject type in each geographic unit for which they desire data (and also in any remaining area in a State for which they are not requesting data) to preclude identification of individual practitioners. Normally geographical units will have to contain at least several counties. Researchers who request such data sets are also responsible for identifying geographical units by ZIP code and for paying the costs of providing the special data set.

The NPDB Public Use Data File contains one record for each report in the NPDB, as a result of the HIPDB merger on May 6, 2013, the NPDB Public Use File includes all NPDB reports from Section 1921(a)(1)(A) and 1921(a)(1)(B) with the exception of Judgment or Conviction Reports (JO CRs), as specified at the beginning of this "read.me" file.

Variable Layout:

Variable	Type	Variable Label	Length	Start	End
seqno	Numeric	Sequence Number -- Unique to Each Record	8	1	8
rectype	String	Record Type	1	9	9
reptype	Numeric	Report Type	4	10	13
origyear	Numeric	Year original report processed	4	14	17
workstat	String	Practitioners Work State	2	18	19
workctry	String	Practitioners Work Country	10	20	29
homestat	String	Practitioners Home State	2	30	31
homectry	String	Practitioners Home Country	10	32	41
licnstat	String	Practitioners State of License (First Listed)	2	42	43
licnfeld	Numeric	Practitioners Field of License	4	44	47
practage	Numeric	Age Group of Practitioner	2	48	49
grad	Numeric	Graduation year group	4	50	53
algnnatr	Numeric	Malpractice Allegation Group	8	54	61
alegatn1	Numeric	Specific Malpractice Allegation 1	8	62	69
alegatn2	Numeric	Specific Malpractice Allegation 2	8	70	77
outcome	Numeric	Severity of Alleged Malpractice Injury [available for use 1/31/2004]	8	78	85
malyear1	Numeric	Year of Act or Omission 1	4	86	89
malyear2	Numeric	Year of Act or Omission 2	4	90	93
payment	Dollar	Payment Amount (this payment only)	12	94	105
totalpmt	Dollar	Total Payment by this Payer for This Practitioner [available for use 1/31/2004]	12	106	117
paynumbr	String	Single of Multiple Payment	1	118	118
numbrsn	Numeric	Number of Practitioners Payment For	3	119	121
paytype	String	Payment A Result of ...	1	122	122
pyrltns	String	Relationship of Paying Entity to the Practitioner [available for use 1/31/2004]	1	123	123
ptage	Numeric	Age Group of Patient [available for use 1/31/2004]	2	124	125
ptgender	String	Gender of Patient [available for use 1/31/2004]	1	126	126
pttype	String	Patient Type (Inpatient, Outpatient)	1	127	127
aayear	Numeric	Year of Adverse Action	4	128	131
aaclass1	Numeric	Adverse Action Classification1 [available for use 11/22/1999/old records converted]	4	132	135
aaclass2	Numeric	Adverse Action Classification2 [available for use 11/22/1999]	4	136	139
aaclass3	Numeric	Adverse Action Classification3 [available for use 11/22/1999]	4	140	143

Variable	Type	Variable Label	Length	Start	End
aaclass4	Numeric	Adverse Action Classification4 [available for use 11/22/1999]	4	144	147
aaclass5	Numeric	Adverse Action Classification5 [available for use 11/22/1999]	4	148	151
basiscd1	String	Basis for Action [available for use 11/22/1999]	2	152	153
basiscd2	String	Basis for Action2 [available for use 11/22/1999]	2	154	155
basiscd3	String	Basis for Action3 [available for use 11/22/1999]	2	156	157
basiscd4	String	Basis for Action4 [available for use 11/22/1999]	2	158	159
basiscd5	String	Basis for Action5 [available for use 9/9/2002]	2	160	161
aalentyp	String	Adverse Action Length Type	1	162	162
aalength	Numeric	Length of Adverse Action Penalty, in Years	8	163	170
aaefyear	Numeric	Effective Year of Adverse Action	4	171	174
aasigyr	Numeric	Year of AA Report Signature	4	175	178
type	Numeric	Entity Type (assigned)	3	179	181
practnum	Numeric	Practitioner Number Unique to This File	8	182	189
accrrpts	Numeric	Subjects Number of Accreditation Reports	4	190	193
npmalrpt	Numeric	Practitioners Number of Malpractice Payment Reports submitted under Title IV.	4	194	197
nplicrpt	Numeric	Practitioners Number of Licensure Reports submitted under Title IV and/or Section 1921	4	198	201
npclprpt	Numeric	Practitioners Number of Clinical Privileges Reports submitted under Title IV	4	202	205
nppsmrpt	Numeric	Practitioners Number of Prof. Soc. Membership Reports submitted under Title IV	4	206	209
npdearpt	Numeric	Practitioners Number of DEA Reports submitted under Title IV	4	210	213
npexcrpt	Numeric	Practitioners Number of Exclusion Reports submitted under Title IV and/or Section 1921	4	214	217
npgarpt	Numeric	Practitioners Number of Government Administrative Reports submitted under Section 1921	4	218	221
npctmrpt	Numeric	Practitioners Number of Contract Termination Reports submitted under Section 1921	4	222	225
fundpymt	Numeric	State Patient Compensation, etc., Fund Payment	1	226	226

Detailed Variable Information:

Some variables and response categories have been changed over time. Where changes have been made, the variable or value descriptions include "date of first use" and "date of last use." For example, the field of license (LICNFELD) category "Art/Recreation Therapist" was first made available for use by reporting entities on November 22, 1999. Such practitioners previously would have been reported using another field of license category. If no "Date of Last Use" is specified, the category is still in use. Researchers should take the date of first use or last use of a value into account in interpreting analysis results. If no dates are specified, the variable and values are applicable to all records.

SEQNO

Record Number. SEQNO is a unique number assigned to each record. The assigned numbers are not necessarily continuous or sequential. In addition, the SEQNO assigned to any particular record may not be the same in different editions of the Public Use File.

RECTYPE

Record Type. RECTYPE is the form of Report submitted to the NPDB. Possible values include: Malpractice Payment (old reporting format), Malpractice Payment (new reporting format), Adverse Action (old reporting format), or Adverse Action (new consolidated adverse action "CAAR" format). Note that in this file some variables from type "M" malpractice payment reports and some variables from type "A" adverse action records have been translated into the codes currently used in the new type "P" and type "C" records. This was done to facilitate analysis. These translations are not in the records disclosed in response to queries submitted to the NDPB by to authorized querying entities. Queriers receive full copies of reports as submitted.

Value	Label
A	Adverse Action Report (format used prior to 11/22/1999 opening of the Healthcare Integrity and Protection Data Bank)
C	Adverse Action Report (new consolidated "CAAR" reporting format first used 11/22/1999)
M	Malpractice Payment (format used prior to 1/31/2004)
P	Malpractice Payment (format first used 1/31/2004)

REPTYPE

Report Type.

Value	Label
101	Insurance Company Malpractice Payment (Individuals)
102	Non-Insurance Company Malpractice Payment (Individuals)
301	State Licensure Action (Individuals, Legacy Format)
302	State Licensure Actn (Indiv, CAAR, 11/22/99 and later)
401	Clinical Priv./Panel Mmbrshp Action (Indiv., Legacy Format)

Value	Label
402	Clin Priv/Panel Mmbrshp Actn (Indiv,CAAR,11/22/99 & later)
451	Health Plan Action (Individuals)
501	Prof. Society Membership Action (Individuals, Legacy Format)
502	Prof. Society Mmbrshp Action (Indiv, CAAR, 11/22/99 & later)
601	Drug Enforcement Admin. Action (Individuals, Legacy Format)
602	Drug Enforcmnt Admin Action (Indiv, CAAR, 11/22/99 & later)
604	Government Administrative Action (Individuals)
702	HHS-OIG Exclusion Action (Individuals)
703	Exclusions & Debarments--non-HHS (Individuals, CAAR Format)
1302	State Licensure Action (Organizations)
1451	Health Plan Action (Organization)
1604	Government Administrative Action (Organizations)
1702	HHS-OIG Exclusion Action (Organizations, CAAR Format)
1703	Exclusion or Debarment Action (Organizations)
1803	Accreditation Action (Organizations)

ORIGYEAR

Year this record (or, if the record was later corrected or changed, the year the original version of this record) was processed into the National Practitioner Data Bank. This variable is a reasonable substitute for year of Judgment or Settlement, which is an optional field, and frequently was not reported in the first few years of NPDB operation. Reports must be made to the Data Bank within 30 days of a payment, so in most cases this value represents the year the payment was made or the adverse action was taken.

Value	Label
1990	Sept 1 - Dec 31, 1990
2015	Jan 1 - Jun 30, 2015

WORKSTAT

Practitioner's Work State.

>>>>> See note to users at LICNSTAT variable.

Value	Label
AA	Armed Forces - Americas
AE	Armed Forces - Europe
AK	Alaska
AL	Alabama
AP	Armed Forces - Pacific
AR	Arkansas

Value	Label
AS	American Samoa
AZ	Arizona
CA	California
CO	Colorado
CT	Connecticut
DC	District of Columbia
DE	Delaware
FL	Florida
FM	Federated States of Micronesia
GA	Georgia
GU	Guam
HI	Hawaii
IA	Iowa
ID	Idaho
IL	Illinois
IN	Indiana
KS	Kansas
KY	Kentucky
LA	Louisiana
MA	Massachusetts
MD	Maryland
ME	Maine
MH	Marshall Islands
MI	Michigan
MN	Minnesota
MO	Missouri
MP	Northern Marianas
MS	Mississippi
MT	Montana
NC	North Carolina
ND	North Dakota
NE	Nebraska
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NV	Nevada
NY	New York
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
PR	Puerto Rico

Value	Label
PW	Palau
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VA	Virginia
VI	Virgin Islands
VT	Vermont
WA	Washington
WI	Wisconsin
WV	West Virginia
WY	Wyoming

WORKCTRY

Practitioner's Work Country. (Information for this item is recorded exactly as reported by the reporting entity. Therefore, this field may sometimes include erroneous data - i.e., numerical values, punctuation marks, etc...)

HOMESTAT

Practitioner's Home State.

>>>>> See note to users at LICNSTAT variable.

Value	Label
(Same as WORKSTAT)	

HOMECTRY

Practitioner's Home Country. (Information for this item is recorded exactly as reported by the reporting entity. Therefore, this field may sometimes include erroneous data such - i.e., numerical values, punctuation marks, etc...)

LICNSTAT

Practitioner's State of License (First Listed State of License -- practitioners may be licensed in more than one State. Up to 10 States of license may be reported to the NDPB. Only the first State listed in an NPDB report is provided in this file.)

Value	Label
(Same as WORKSTAT)	

>>>>> Note to users concerning State variables:

Researchers often want to assign reports to a State for analysis purposes. Licensure Actions might normally be assigned to a State on the basis of the practitioner's License State. Other actions and malpractice payments might best be assigned on the basis of the practitioner's work State. However, work State is not a required variable in reports; reporters must report either work State or home State. They may report both. About 86 percent of records contain work State information. About 34 percent contain home State information. For non-licensure reports a commonly used method of assigning State is to create a State variable which equals work State if a work State value was reported and home State if no work State was reported. In SPSS, the following syntax would accomplish this:

```
STRING State (A2) .
RECODE
  workstat
  (ELSE=Copy) INTO State .
EXECUTE .
DO IF (Workstat = " ") .
RECODE
  Homestat
  (ELSE=Copy) INTO State .
END IF .
EXECUTE .
```

Note: In the DO IF (Workstat = " ") statement above, there are two spaces between the quotation marks.

LICNFELD

Practitioner's Field of License. [Note: Reporting is required for malpractice payments made for all practitioners regardless of their field of license; reporting is required for adverse actions (other than exclusions) *only* for practitioners in license fields 10 through 35 (physicians and dentists).]

>>>>> **WARNING TO USERS:** Adverse actions concerning practitioners in license fields other than 10 through 35 (physicians and dentists) are occasionally reported to the NPDB although these reports are not required; these occasional reports *do not* constitute a random sample of licensure, clinical privileges, or professional society actions taken against practitioners in these fields. Statistical analysis of Adverse Action reports for practitioners other than physicians and dentists is not recommended and will to yield

extremely misleading results. Exclusion Actions (REPTYPE = 702), however, are reported for practitioners of all license fields and may be analyzed for all types of practitioners. Malpractice Payments (REPTYPE = 101 and 102) area also reported for practitioners of all license fields and may be analyzed for all types of practitioners.

Value	Label
10	Allopathic Physician (MD)
15	Physician Resident (MD)
20	Osteopathic Physician (DO)
25	Osteopathic Physician Resident (DO)
30	Dentist
35	Dental Resident
50	Pharmacist
55	Pharmacy Intern [available 9/9/2002]
60	Pharmacist, Nuclear
70	Pharmacy Assistant
75	Pharmacy Technician [available 9/9/2002]
76	Other Pharmacy Service Occupation - Not Classified, Specify [available 11/17/2014]
100	Registered Nurse
110	Nurse Anesthetist
120	Nurse Midwife
130	Nurse Practitioner
134	Doctor of Nursing Practice [available 11/8/2010]
135	Advanced Nurse Practitioner [3/5/02 - 9/9/02]
140	LPN or Vocational Nurse
141	Clinical Nurse Specialist [available 9/9/02]
142	Other Nurse Occupation - Not Classified, Specify [available 11/17/2014]
148	Certified Nurse Aide/Nursing Assistant [available 10/17/05]
150	Nurse Aide/Nursing Assistant
160	Home Health Aide (Homemaker)
165	Health Care Aide/Direct Care Worker [available 10/17/05]
170	Psychiatric Technician
175	Certified or Qualified Medication Aide [available 10/17/05]
176	Other Aide Occupation - Not Classified, Specify [available 11/17/2014]
200	Dietitian
210	Nutritionist
211	Other Dietitian/Nutritionist Occupation - Not Classified, Specify [available 11/17/2014]
250	EMT, Basic
260	EMT, Cardiac/Critical Care
270	EMT, Intermediate/Critical Care
280	EMT, Paramedic
281	Other Emergency Medical Technician Occupation - Not Classified, Specify [available 11/17/2014]
300	Clinical Social Worker

Value	Label
350	Podiatrist
370	Clinical Psychologist [last use 9/9/02]
371	Psychologist [available 9/9/02]
372	School Psychologist [available 9/9/02]
373	Psychological Asst., Assoc., Examiner [available 9/9/02]
374	Other Psychologist/Psychological Assistant Occupation - Not Classified, Specify [available 11/17/2014]
400	Audiologist
402	Art/Recreation Therapist
405	Massage Therapist
410	Occupational Therapist
420	Occup. Therapy Assistant
430	Physical Therapist
440	Phys. Therapy Assistant
450	Rehabilitation Therapist
460	Speech/Language Pathologist
470	Hearing Aid/Instrument Specialist [available 10/17/05]
471	Other Speech, Language and Hearing Service Occupation - Not Classified, Specify [available 11/17/2014]
500	Medical Technologist [changed to 501(6/15/09)]
501	Medical or Clinical Lab Technician/Technologist [available 6/15/09]
502	Medical/Clinical Lab Technician [available 6/15/09]
503	Surgical Technologist/Assistant [available 6/15/09]
504	Surgical Assistant [available 6/15/09]
505	Cytotechnologist [available 11/22/99]
510	Nuclear Med. Technologist
520	Rad. Therapy Technologist
530	Radiologic Technician/Technologist
540	X-Ray Technician or Operator [available 6/15/09]
550	Limited X-Ray Machine Operator [available 11/8/2010]
551	Other Technologist/Technician - Not Classified, Specify [available 11/17/2014]
600	Acupuncturist
601	Athletic Trainer [available 11/22/99]
603	Chiropractor
604	Chiropractic Assistant [available 11/17/2014]
605	Other Chiropractic Occupation - Not Classified, Specify [available 11/17/2014]
606	Dental Assistant
607	Dental Therapist/Dental Health Aide [available 6/15/09]
609	Dental Hygienist
612	Denturist
613	Other Dental Occupation - Not Classified, Specify [available 11/17/2014]
615	Homeopath
618	Medical Assistant
621	Counselor, Mental Health
624	Midwife, Lay (Non-Nurse)
627	Naturopath

Value	Label
630	Ocularist
633	Optician
636	Optometrist
637	Other Eye and Vision Service Occupation - Not Classified, Specify [available 11/17/2014]
639	Orthotics/Prosthetics Fitter
642	Physician Assistant
645	Phys. Asst., Osteopathic
647	Perfusionist [available 11/22/99]
648	Podiatric Assistant
649	Other Podiatric Service Occupation - Not Classified, Specify [available 11/17/2014]
651	Prof. Counselor
652	Sex Offender Counselor [available 11/17/2014]
653	Pastoral Counselor [available 11/17/2014]
654	Prof. Cnslr., Alcohol
657	Prof. Cnslr., Family/Marriage
658	Other Rehabilitative, Respiratory and Restorative Service Occupation - Not Classified, Specify [available 11/17/2014]
660	Addictions Counselor
661	Marriage and Family Therapist [available 9/9/02]
662	Art Therapist [available 11/17/2014]
663	Respiratory Therapist
664	Recreation Therapist [available 11/17/2014]
665	Dance Therapist [available 11/17/2014]
666	Resp. Therapy Technician
667	Music Therapist [available 11/17/2014]
668	Other Behavioral Health Occupation - Not Classified, Specify [available 11/17/2014]
699	Other Health Care Pract, Not Classified [available 11/22/99]
752	Adult Care Facility Administrator [available 11/22/99]
755	Hospital Administrator [available 11/22/99]
758	Health Care Facility Administrator [available 6/15/09]
759	Assisted Living Facility Administrator [available 6/15/09]
800	Researcher, Clinical [available 11/22/99]
810	Insurance Agent/Broker [available 11/22/99]
812	Insurance Broker [available 11/22/99]
820	Corporate Officer [available 11/22/99]
822	Business Manager [available 11/22/99]
830	Business Owner [available 11/22/99]
840	Salesperson [available 11/22/99]
850	Accountant [available 11/22/99]
853	Bookkeeper [available 11/22/99]
899	Other Individual, Not Classified [available 11/22/99]
998	Subject of Report Not Reportable (missing value)
999	Unspecified or Unknown

Value	Label
1301	General/Acute Care Hospital
1302	Psychiatric Hospital
1303	Rehabilitation Hospital
1304	Federal Hospital
1307	Psychiatric Unit
1308	Rehabilitation Unit
1310	Laboratory/CLIA Laboratory
1320	Health Insurance Company/Provider
1331	Health Maintenance Organization
1335	Preferred Provider Organization
1336	Provider Sponsored Organization
1338	Religious, Fraternal Benefit Society Plan
1342	Blood Bank
1343	Durable Medical Equipment Supplier
1344	Eyewear Equipment Supplier
1345	Pharmacy
1346	Pharmaceutical Manufacturer
1347	Biological Products Manufacturer
1348	Organ Procurement Organization
1349	Portable X-Ray Supplier
1351	Fiscal/Billing/Management Agent
1352	Purchasing Service
1353	Nursing/Health Care Staffing Service
1361	Chiropractic Group/Practice
1362	Dental Group/Practice
1363	Optician/Optomtric Group/Practice
1364	Podiatric Group/Practice
1365	Medical Group/Practice
1366	Mental Health/Substance Abuse Group/Facility
1367	Physical/Occupational Therapy Group/Practice
1370	Research Center/Facility
1381	Adult Day Care Facility
1382	Hospice/Hospice Care Provider
1383	Intermed. Care Fclty For Mentally Retarded/Substance Abuse
1386	Residential Treatment Facility/Program
1388	Outpatient Rehab. Fclty./Comprehensive Outptnt. Rehab. Fclty
1389	Nursing Facility/Skilled Nursing Facility
1390	Ambulance Service/Transportation Company
1391	Ambulatory Surgical Center
1392	Ambulatory Clinic/Center
1393	Home Health Agency/Organization
1394	Health Cntr/Fedrllly. Qualified Hlth Cntr./Cmmnty Hlth Cntr.
1395	Mental Health Center/Community Mental Health Center
1396	Rural Health Clinic
1397	Mammography Service Provider

Value	Label
1398	End Stage Renal Disease Facility
1399	Radiology/Imaging Center
1999	Other Type not classified - specify
9999	Org. Type not specified

*** LICNFELD Codes with Major Text Changes – Listed is the value from the previous versions.**

Value	Label	Date of First Use	Date of Last Use
758	Long-Term Care Administrator		06/15/2009

PRACTAGE

Practitioner's Age Group. (Based on the age of the practitioner at the time of the event leading to the report.)

Value	Label
10	Ages 19 and under
20	Ages 20 through 29
30	Ages 30 through 39
40	Ages 40 through 49
50	Ages 50 through 59
60	Ages 60 through 69
70	Ages 70 through 79
80	Ages 80 through 89
90	Ages 90 through 99

GRAD

Practitioner's Professional School Graduation Year Group

Value	Label
1900	1900 through 1909
1910	1910 through 1919
1920	1920 through 1929
1930	1930 through 1939
1940	1940 through 1949
1950	1950 through 1959
1960	1960 through 1969
1970	1970 through 1979
1980	1980 through 1989
1990	1990 through 1999
2000	2000 through 2009
2010	2010 through 2019

ALGNNATR

Malpractice Allegation Group. This variable was first used in reports on 1/31/2004. For records with a RECTYPE value of "M", the value shown has been translated into the new Malpractice Payment Report codes from the act or omission codes used in old format reports. [This field is blank in Adverse Action records.]

IMPORTANT NOTE: When analyzing physician malpractice payments, ALGNNATR *should not* be used as a substitute for physician specialty. For example, surgery codes may be used to report payments for physicians who are not surgeons, and obstetrics codes may be used to report payments for physicians who are not OB/GYNs, etc. The NPDB does not collect information on practitioner specialty in malpractice payment reports. No information on practitioner specialty is available for analysis.

Value	Label
1	Diagnosis Related
10	Anesthesia Related
20	Surgery Related
30	Medication Related
40	IV & Blood Products Related
50	Obstetrics Related
60	Treatment Related
70	Monitoring Related
80	Equipment/Product Related
90	Other Miscellaneous
100	Behavioral Health Related

ALEGATN1

First Specific Malpractice Act or Omission Code. (Malpractice Payment reports allow for two "reason" codes for each case. This variable is the first listed code.) This variable was first used in reports on 1/31/2004. For records with a RECTYPE value of "M", the value shown has been translated into the new Malpractice Payment Report codes from the codes used in old format reports. [This field is blank in Adverse Action records.]

Value	Label
100	Failure to Use Aseptic Technique
101	Failure to Diagnose
102	Failure to Delay a Case When Indicated
103	Failure to Identify Fetal Distress
104	Failure to Treat Fetal Distress
105	Failure to Medicate
106	Failure to Monitor
107	Failure to Order Appropriate Medication
108	Failure to Order Appropriate Test
109	Failure to Perform Preoperative Evaluation
110	Failure to Perform Procedure
111	Failure to Perform Resuscitation
112	Failure to Recognize a Complication
113	Failure to Treat
200	Delay in Diagnosis
201	Delay in Performance
202	Delay in Treatment
203	Delay in Treatment of Identified Fetal Distress
300	Administration of Blood or Fluids Problem
301	Agent Use or Selection Error
302	Complementary or Alternative Medication Problem
303	Equipment Utilization Problem
304	Improper Choice of Delivery Method
305	Improper Management
306	Improper Performance
307	Improperly Performed C-Section
308	Improperly Performed Vaginal Delivery
309	Improperly Performed Resuscitation
310	Improperly Performed Test
311	Improper Technique
312	Intubation Problem
313	Laboratory Error
314	Pathology Error
315	Medication Administered via Wrong Route
316	Patient History, Exam, or Workup Problem

Value	Label
317	Problems With Patient Monitoring in Recovery
318	Patient Monitoring Problem
319	Patient Positioning Problem
320	Problem with Appliance, Prostheses, Orthotic, Device, etc.
321	Radiology or Imaging Error
322	Surgical or Other Foreign Body Retained
323	Wrong or Misdiagnosis (e.g. Original Diagnosis is Incorrect)
324	Wrong Dosage Administered
325	Wrong Dosage Dispensed
326	Wrong Dosage Ordered of Correct Medication
327	Wrong Medication Administered
328	Wrong Medication Dispensed
329	Wrong Medication Ordered
330	Wrong Body Part
331	Wrong Blood Type
332	Wrong Equipment
333	Wrong Patient
334	Wrong Procedure or Treatment
400	Contraindicated Procedure
401	Surgical or Procedural Clearance Contraindicated
402	Unnecessary Procedure
403	Unnecessary Test
404	Unnecessary Treatment
500	Communication Problem Between Practitioners
501	Failure to Instruct or Communicate with Patient or Family
502	Failure to Report on Patient Condition
503	Failure to Respond to Patient
504	Failure to Supervise
505	Improper Supervision
600	Failure/Delay in Admission to Hospital or Institution
601	Failure/Delay in Referral or Consultation
602	Premature Discharge from Institution
603	Altered, Misplaced or Prematurely Destroyed Records
700	Abandonment
701	Assault and Battery
702	Breach of Contract or Warranty
703	Breach of Patient Confidentiality
704	Equipment Malfunction
705	Failure to Conform with Regulation, Statute, or Rule
706	Failure to Ensure Patient Safety
707	Failure to Obtain Consent or Lack of Informed Consent
708	Failure to Protect a Third Party (Failure to Warn, etc.)

Value	Label
709	Failure to Test Equipment
710	False Imprisonment
711	Improper Conduct
712	Inadequate Utilization Review
713	Negligent Credentialing
714	Practitioner with Communicable Disease
715	Product Liability
716	Religious Issues
717	Sexual Misconduct
718	Third Party Claimant
719	Vicarious Liability
720	Wrongful Life/Birth
899	Cannot Be Determined from Available Records
999	Allegation – Not Otherwise Classified, Specify

ALEGATN2

Second Specific Malpractice Act or Omission Code (Malpractice Payment reports allow for two "reason" codes for each case. This variable is the second listed code.) This variable was first used in reports on 1/31/2004. For records with a RECTYPE value of "M", the value shown has been translated into the new Malpractice Payment Report codes from the codes used in old format reports. [This field is blank in Adverse Action records and Malpractice Payment records in which a second Allegation code was not supplied.]

Value	Label
(Same as ALEGATN1)	

OUTCOME

Severity of Alleged Malpractice Injury. This variable was first used in reports on 1/31/2004. [This field is blank in Adverse Action records and type "M" Malpractice Payment records.]

Value	Label
1	Emotional Injury Only
2	Insignificant Injury
3	Minor Temporary Injury
4	Major Temporary Injury
5	Minor Permanent Injury
6	Significant Permanent Injury
7	Major Permanent Injury
8	Quadriplegic, Brain Damage, Lifelong Care

Value	Label
9	Death
10	Cannot Be Determined from Available Records

MALYEAR1

Year of Act or Omission 1. (Beginning year of acts or omissions) [Note: Erroneous years (e.g., 3999) were recorded exactly as they were reported by the reporting entity and must be corrected by the same. The process to correct erroneous years is currently underway.][This field is blank in Adverse Action records.]

MALYEAR2

Year of Act or Omission 2. (End year of acts or omissions) [Note: Erroneous years (e.g., 3999) were recorded exactly as they were reported by the reporting entity and must be corrected by the same. The process to correct erroneous years is currently underway.][This field is blank in Adverse Action records and Malpractice Payment records for which a second date was not supplied.]

May be blank if same as MALYEAR1

PAYMENT

Amount of Reported Payment. This is the amount of the specific payment that led to the filing of this malpractice payment report. Payment amounts are coded into ranges. All payments of \$100 or less are coded as \$50. Payments from \$101 to \$500 are coded as \$300. Payments from \$501 to \$1,000 are coded as \$750. Payments between \$1,001 and \$5,000 are coded as the midpoint of \$1,000 increments, e.g. payments between \$1,001 and \$2,000 are coded as \$1,500; payments between \$2,001 and \$3,000 are coded as \$2,500; etc. Payments between \$5,001 and \$100,000 are coded as the midpoint of \$5,000 increments, e.g., payments between \$30,001 and \$35,000 are coded as \$32,500, etc. Payments between \$100,001 and \$1,000,000 are coded as the midpoint of \$10,000 increments. Payments between \$1,000,001 and \$10,000,000 are coded as the midpoint of \$100,000 increments. Payments between \$10,000,001 and \$20,000,000 are coded as the midpoint of \$1,000,000 increments. Payments between \$20,000,001 and \$50,000,000 are coded as the midpoint of \$5,000,000 increments. Payments between \$50,000,000 and \$100,000,000 are coded as the midpoint of \$10,000,000 increments. Any payment of \$100,000,001 or more is coded as \$105,000,000. The grouping of payment amounts has the effect of slightly lowering the apparent mean and median payment amounts. For example, in the edition of the Public Use File created with data through March 31, 2004 the mean payment amount was \$187,474.87 and the median was \$72,500. The actual mean of the data that served as the basis for that edition of the file was \$189,821.03 and the actual median was \$75,000. When calculated for individual years or States, the means and medians in this file could vary slightly above or below the actual means or medians. We expect that similar relatively small differences exist for all editions of the file. Users needing exact means, medians, or other statistics may contact the Division of Practitioner Data Banks, which will provide the needed statistics if its workload permits. The exact

payment amount for individual records will not be provided. [This field is blank in Adverse Action records.]

These amounts have *not* been adjusted for inflation. Users interested in adjusting for inflation may find additional information at <http://www.bls.gov/cpi/home.htm>, the web site maintained by the U.S. Department of Labor's Bureau of Labor Statistics (BLS). The BLS compiles the Consumer Price Indexes. We recommend using the "Consumer Price Index for All Urban Consumers (CPI-U) for the U.S. City Average for All Items, 1982-84=100" for inflation adjustment of malpractice payment amounts. The BLS also publishes CPI numbers specifically for medical care (prescription drugs and medical supplies, physicians' services, eyeglasses and eye care, hospital services, etc.); however, we recommend use of the broader CPI-U since malpractice payment amounts are based on many factors in addition to the cost of medical care.

Format: DOLLAR12 (with embedded \$ signs and commas)

TOTALPMT

Total Payment by this Payer for This Practitioner. In most cases this will equal PAYMENT; however, if the reporting entity has made or will make other payments to this plaintiff for this practitioner in this case, this variable represents the total paid or to be paid. (Payment amounts are coded into ranges. All payments of \$100 or less are coded as \$50. Payments from \$101 to \$500 are coded as \$300. Payments from \$501 to \$1,000 are coded as \$750. Payments between \$1,001 and \$5,000 are coded as the midpoint of \$1,000 increments, e.g. payments between \$1,001 and \$2,000 are coded as \$1,500; payments between \$2,001 and \$3,000 are coded as \$2,500; etc. Payments between \$5,001 and \$100,000 are coded as the midpoint of \$5,000 increments, e.g., payments between \$30,001 and \$35,000 are coded as \$32,500, etc. Payments between \$100,001 and \$1,000,000 are coded as the midpoint of \$10,000 increments. Payments between \$1,000,001 and \$10,000,000 are coded as the midpoint of \$100,000 increments. Payments between \$10,000,001 and \$20,000,000 are coded as the midpoint of \$1,000,000 increments. Payments between \$20,000,001 and \$50,000,000 are coded as the midpoint of \$5,000,000 increments. Payments between \$50,000,000 and \$100,000,000 are coded as the midpoint of \$10,000,000 increments. This variable was first used in reports on 1/31/2004. [This field is blank in Adverse Action records and type "M" Malpractice Payment records.]

TOTALPMT values have *not* been adjusted for inflation. See the discussion of adjustment for inflation with the PAYMENT variable.

Format: DOLLAR12 (with embedded \$ signs and commas)

PAYNUMBR

Single or Multiple Payment. (Malpractice settlements or judgments may be paid in one payment or in multiple payments. This variable specifies which is applicable to this record.) [This field is blank in Adverse Action records.]

Value	Label
S	Single Payment
M	Multiple Payments
U	Unknown

NUMBPRSN

Number of Practitioners Included in the Payment (Payments may be made which pertain to the acts or omissions of a number of practitioners. A separate report must be filed for each named practitioner.) [This field is blank in Adverse Action records.]

>>>>> Note to users concerning NUMBPRSN:

NUMBPRSN is an indicator of the total number of practitioners involved in a case. The PAYMENT and TOTALPMT fields *should* refer to the amounts paid or to be paid for this specific practitioner regardless of the number of other practitioners involved. Other reports should specify the amounts paid for other practitioners. Dividing PAYMENT or TOTALPMT by NUMBPRSN does not generate a meaningful result.

PAYTYPE

Payment a Result of Judgment or Settlement.
[This field is blank in Adverse Action records.]

Value	Label
B	Before Settlement (Applicable only to certain reports filed electronically in 1995 or later. See also "U" below. In other reports, it is impossible to distinguish from Data Bank information situations in which a payment is made before a formal settlement from instances in which the reporting entity does not specify whether the payment is a result of a settlement or a judgment. Most such instances are believed to be payments before settlement rather than true "unknowns.")
J	Judgment
O	Other
S	Settlement
U	Unknown or Before Settlement [See note with "B"]

>>>>> Note to users concerning PAYTYPE:

We recommend that analysis of the PAYTYPE variable be done by considering all values except "J" to be settlements of one type or another.)

PYRRLTNS

Relationship of Paying Entity to the Practitioner. [This field is blank in Adverse Action records.]

Value	Label
1	Insurance Company (Legacy report, RECTYPE = M, prior to 1/31/2004)
2	Guaranty Fund (Legacy report, RECTYPE = M, prior to 1/31/2004)
3	Self-insured Organization (Legacy report, RECTYPE = M, prior to 1/31/2004)
4	State Medical Malpractice Fund (Legacy report, RECTYPE = M, prior to 1/31/2004)
E	Insurance Company - Excess Insurer (RECTYPE = P, 1/31/2004 and later)
G	Insurance Guaranty Fund (RECTYPE = P, 1/31/2004 and later)
M	State Medical Malpractice Payment Fund - Primary Insurer (RECTYPE = P, 1/31/2004 and later)
O	State Medical Malpractice Payment Fund - Secondary Payer (RECTYPE = P, 1/31/2004 and later)
P	Insurance Company - Primary Insurer (RECTYPE = P, 1/31/2004 and later)
S	Self-Insured Organization (RECTYPE = P, 1/31/2004 and later)

PTAGE

Patient Age in Groups of Years. (Patient Age at the time of the incident which led to the payment. Fractional years are used only for patients less than one year old. Fetuses are coded as -1.) This variable was first used in reports on 1/31/2004. [This field is blank in Adverse Action records and type "M" Malpractice Payment records.]

Value	Label
-1	Fetus
0	Under 1 year
1	Age 1 through 9
10	Age 10 through 19
20	Age 20 through 29
30	Age 30 through 39
40	Age 40 through 49
50	Age 50 through 59
60	Age 60 through 69
70	Age 70 through 79
80	Age 80 through 89
90	Ages 90 through 99

PTGENDER

Gender of Patient. This variable was first used in reports on 1/31/2004. [This field is blank in Adverse Action records and type "M" Malpractice Payment records.]

Value	Label
F	Female
M	Male
U	Unknown

PTTYPE

Patient Type (Inpatient, Outpatient, Both). This variable was first used in reports on 1/31/2004. [This field is blank in Adverse Action records and type "M" Malpractice Payment records.]

Value	Label
B	Both
I	Inpatient
O	Outpatient
U	Unknown

AAYEAR

Year of Adverse Action. [Note: Erroneous years (e.g., 1900) were recorded exactly as they were reported by the reporting entity and must be corrected by the reporting entity. The process to obtain corrections for erroneous years is currently underway.][This field is blank in Malpractice Payment records.]

AAClass1

Adverse Action Classification 1. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 11/22/1999. For records with a RECTYPE value of "A", the value shown has been translated into the new Consolidated Adverse Action Report codes from the codes used in old format reports.

Value	Label
1110	Revocation of License (Individual)
1125	Probation of License (Individual)
1135	Suspension of License (Individual)
1138	Smry/Emrgcy Limitn/Rstctn on Lic(NPDB Only)(av 8-13-07)
1139	Sumry/Emergency Suspension of Licn. (Phys. & Dent. Only)
1140	Reprimand or Censure (License) (Individual)
1144	Reprimand, Censure, Vol Srndr (Lic)(Indiv)(Lgcy Repts Only)
1145	Voluntary Surrender of License (Individual)
1146	Voluntary Limitation/Restriction on License(Ind)(av 8-13-07)

Value	Label
1147	Limitation or Restriction on License/ Practice (Individual)
1148	Denial of License (Renewal Only) (Individual)
1149	Denial of Initial License
1150	Vol Agrmt Refrn Pract/Susped Lic Pendg Compl Invtgn(Ind)(NPDBOnly)(av 8/22/11)
1151	Cease and Desist(av 11-17-14)
1172	Administrative Fine/Monetary Penalty (Licensure) (Individ.)(retired)
1173	Publicly Available Fine/Money Penalty (Licensure) (Indiv)
1179	Prescriptive Authority Action, Specify(av 11-17-14)
1189	Publicly Avail. Negative Action/Finding Specify
1199	Other Licensure Action (Not Classified) Specify
1280	Licensure Restored or Reinstated (Complete)(Individual)
1282	License Restored or Reinstated (Conditional)(Individual)
1283	License Restored or Reinstated (Partial)(Ind)(av 6/15/09)
1285	License Reinstatement Denied (Individual)
1295	Reduction of Previous Licensure Action (Individual)
1296	Extension of Previous Licensure Action (Individual)
1297	Modification of Previous Licensure Actn (Ind)(av 6/15/09)
1310	Reovctn Nurse Multi-State Lic Priv (Indivil)(avail 8-13-07)
1325	Probatn of Nurse Multi-State Lic Pri (Indiv)(avail 8-13-07)
1335	Suspsn of Nurse Multi-State Lic Priv (Indiv)(avail 8-13-07)
1338	Sumry/Emgcy Lmtn/Rstrct Nrs Multi-St Lic Priv(Ind)(NPDB only)(av 3/1/10)
1339	Sumry/Emgcy Suspsn Nrs Multi-St Lic Priv(Ind)(NPDB only)(av 3/1/10)
1340	Reprmd/Censure Nurse Multi-St Lic Priv (Ind)(av 8-13-07)
1345	Vol Surrender Nurse Multi-State Lic Priv (Ind)(av 8-13-07)
1346	Vol Lmtn/Restrct Nrs Multi-St Lic Priv (Indv)(av 8-13-07)
1347	Limit/Restrict Nrs Multi-State Lic Priv (Ind)(avail 8-13-07)
1348	Denial Renewal Nrs Multi-State Lic Priv (Ind)(av 8-13-07)
1349	Denial Initial Nrs Multi-State Lic Priv (Ind)(avail 8-13-07)
1373	Pub Avail Fine/Mny Pnlty Nrs Multi-St Lic Prv(av 8-13-07)
1389	Pub Avl Neg Actn/Fndg Nrs Mlti-St Lic Priv,Spfcy(av 8-13-07)
1399	Other Action Nurse Multi-St Lic Priv Specify(avail 8-13-07)
1480	Nrs Multi-St Lic Priv Restord/Reinstatd, Complt (av 8-13-07)
1482	Nrs Multi-St Lic Priv Restord/Reinstatd, Condt (av 8-13-07)
1483	Nrs Multi-St Lic Priv Restord/Reinstatd, Partial (av 6/15/09)
1485	Nrs Multi-St Lic Priv Rstoratn/Reinstmt Denied (av 8-13-07)
1495	Rdctn-Prev Nrs Multi-St Lic Priv Actn (Ind)(avail 8-13-07)
1496	Extensn-Prev Nrs Multi-St Lic Priv Action (Indv)(av 8-13-07)
1497	Modifctn of Prev Nrs Multi-St Lic Priv Actn (Ind)(av 6/15/09)
1500	Debarment from Federal Programs (Individual)
1505	Exclusion from Federal Health Care Program (Individual)
1507	Exclusion from a State Health Care Program (Individual)
1508	Excl. from Medicare, Medicaid & all Other Fed. Pgms. (Indiv)
1509	Exclusion from Medicare & State Health Care Prgrms (Indiv.)
1510	Govt Admin Termination of Medicare/ Fed. Prgm Partic (Indiv)

Value	Label
1512	Govt Admin Vol Termination Undr Invst, Mdcare/Othr Fed (Ind)
1513	Gov Admin Non Rnewl Mcare/Othr Prgm Ptcptn for Cause (Indiv)
1514	Modification of Previous Action (Exclusion)(Ind)(av 6/15/09)
1515	Reinstatement (Exclusion) (Individual)
1516	Reinstatement Denied (Exclusion) (Individual)
1517	Govt Admin Vol Srndr fr Medicaid/St Prgm Under Invst (Indiv)
1518	Govt Admin Nonrnwl Mcaid/Othr St Prgm Partic for Cause (Ind)
1520	Govt Admin Contract Termination (Individual) (retired 5/6/13)
1521	Govt Admin Contract Termination (Individual) (av 5/6/13)
1525	Govt Admin Denial of Initial Application (Ind)(av 6/15/09)
1530	Govt Admin Civil Money Penalty (Individual) (retired 5/6/13)
1531	Govt Admin Civil Money Penalty Imposed by a Federal or State Health Care Program (Ind) (av 5/6/13)
1532	Govt Admin Administrative Fine/Monetary Penalty (Indiv) (retired 5/6/13)
1533	Govt Admin Administrative Fine/Monetary Penalty Imposed by a Federal or State Health Care Program (Ind) (av 5/6/13)
1536	Govt Admin Administrative Fine/Monetary Penalty (Ind) (av 5/6/13)
1539	Govt Admin Civil Money Penalty (Individual) (av 5/6/13)
1550	Govt Admin Disqual of Clin Invstgtr from Recv Invest Prodcnts (retired 5/6/13)
1551	Govt Admin Termination from Medicaid/Other State Prgm (Ind)
1552	Govt Admin Disqualification of Clinical Investigator From Receiving Investigational Products (Ind) (av 5/6/13)
1555	Govt Admin Disqual Based on St. Nurses Aide Reistry (Indiv)
1556	Govt Admin Negative Finding or Listing in a State Health Care Practitioner Registry (Ind) (av 5/6/13)
1560	Govt Admin Personnel Action--Employee Termination (Indiv) (retired 5/6/13)
1561	Govt Admin Personnel Action - Employee Termination (Ind) (av 5/6/13)
1562	Govt Admin Personnel Action--Employee Suspension (Indiv) (retired 5/6/13)
1563	Govt Admin Personnel Action - Employee Suspension (Ind) (av 5/6/13)
1565	Govt Admin Personnel Action--Not Classified (Individual) (retired 5/6/13)
1566	Govt Admin Personnel Action - Not Classified, Specify (Ind) (av 5/6/13)
1579	Govt Admin Other Action Imposed by Medicaid or Other State Health Care Program- Not Classified, Specify (Ind) (av 5/6/13)
1580	Govt Admin Reinstatement (Ind) (av 5/6/13)
1581	Govt Admin Reinstatement Denied (Ind) (av 5/6/13)
1582	Govt Admin Reduction of Previous Action (Ind) (av 5/6/13)
1583	Govt Admin Extension of Previous Action (Ind) (av 5/6/13)
1584	Govt Admin Modification of Previous Action (Ind) (av 5/6/13)
1588	Govt Admin Other Adjudicated Action or Decision – Not Classified, Specify (Ind) (av 5/6/13)
1589	Govt Admin Other Action--Not Classified (Individual) (retired 5/6/13)
1590	Govt Admin Reinstatement (Individual)
1592	Govt Admin Reinstatement Denied (Individual)
1595	Govt Admin Reduction of Previous Action (Individual)

Value	Label
1596	Govt Admin Extension of Previous Action (Individual)
1597	Govt Admin Modification of Previous Action (Ind)(av 6/15/09)
1598	Govt Admin Other Action Imposed by Medicare or Other Federal Health Care Program- Not Classified, Specify (Ind)(av 5/6/13)
1599	Govt Admin Other Certification Action – Not Classified, Specify (Ind)(av 5/6/13)
1610	Revocation of Clinical Privileges/Panel Membership(Indiv)
1615	Prof Review Emplmnt or Panel Mmbrshp Firing (av 6/15/09)
1630	Suspension of Clinical Privileges/Panel Membership(Indiv)
1632	Summary/Emergency Suspension of Clin Priv/PM(Indiv)
1634	Vol Lim,Restr/Rdct Clin Priv/Pan Mmb Invstgn (avail 8-13-07)
1635	Vol Surrender of Clin. Priv/Panel Memb. Under Investg (Ind)
1636	Voluntary Acceptance of Restrtns on Privlg (Indiv) (retired)
1637	Involuntary Resignation/Panel Membership (av 6/15/09)
1638	Vol Lv of Absence,While Undr/to Avoid Invtgtn(av 6/15/09)
1639	Smry/Emrgncy Limitn/Rstrctn/Reduction Clin Priv (Individ)
1640	Reduction of Clinical Privileges/Panel Membership (Individ)
1642	Limit/Restrict Procdures/Practce Area (av 6/15/09)
1643	Concurring Consult Required Before Procedures(av 6/15/09)
1644	Proctoring/Monitoring Required During Procedures(av 6/15/09)
1645	Other Restriction/Limitation of Clinical Privileges(Indiv)
1650	Denial of Clinical Privileges (Individual)
1655	Withdrew Renewal Appl While Undr Investgtn (av 6/15/09)
1656	Priv Expired While Under Investgtn (av 6/15/09)
1680	Clin. Priv. /Panel Memb Restored/Reinstated (Complete) (Ind)
1681	Clin Priv/Panel Memb Restored/Reinstated (Conditional) (Ind)
1682	Clin.Priv/Panel Memb Restored/Reinstated (Partial)(av 6/15/09)
1689	Clinical Privileges/Panel Mmbrshp Reinstatement Denied (Ind)
1690	Reduction of Previous Actn (Clin Priv/Panel Mmbrshp) (Ind)
1695	Extension of Previous Actn (Clin Priv/Panel Mmbrshp) (Ind)
1696	Modifictn of Previous Actn (Clin Priv/Panl Mmbrshp) (av 6/15/09)
1699	Reversal of Prev Clin Priv/PM Action, Appeal or Review (Ind) (retired)
1710	Revocation of Professional Society Membership (Individual)
1730	Suspension of Professional Society Membership (Individual)
1735	Disciplinry Probatn Affectg Membshp Rights or Priv (av 6/15/09)
1745	Other Restriction/Limitation on Prof. Soc. Membership (Ind)
1750	Denial of Professional Society Membership (Subsequent) (Ind)
1780	Professional Society Membership Reinstated (Complete) (Ind)
1781	Professional Society Mmbrshp Reinstated (Conditional) (Ind)
1789	Professional Society Membership Reinstatement Denied (Indiv)
1790	Reduction of Previous Action (Prof Soc Membership) (Indiv)
1795	Extension of Previous Action (Prof Society Membership) (Ind)
1796	Modificatn of Previous Actn (Prof Soc Mmbershp)(av 6/15/09)
1799	Reversal of Previous Prof Soc Action, Appeal or Review (Ind) (retired)
1820	Health Plan Contract Termination (Individual)
1920	Contract Termination (Individuals)

Value	Label
1930	Suspension of Health Plan Contract (Individual)
1931	Health Plan Contract Restriction(Ind)(av 6/15/09)
1932	Health Plan Administrative Fine/Monetary Penalty (Individ.)
1941	Health Plan Employment Termination (Individual)
1942	Health Plan Employment Suspension (Individual)
1950	Denial of Hlth Plan Conctrct Applictn/Renew (Retired 6/15/09)
1951	Denial of Health Plan Initial Contract Applicatn (av 6/15/09)
1952	Denial of Health Plan Contract Renewal (ind) (av 6/15/09)
1989	Other Health Plan Action, Specify (Individual)
1990	Health Plan Reinstatement (Individual)
1992	Health Plan Reinstatement Denied (Individual)
1995	Health Plan Reduction of Previous Action (Individual)
1996	Health Plan Extension of Previous Action (Individual)
1997	Health Plan Modificatn of Previous Action (ind)(av 6/15/09)
3111	Revocation of License or Certificate (Organization)
3136	Suspension of License or Certificate (Organization)
3138	Reprimand or Censure (Licensure) (Org)
3141	Voluntary Surrender of License of Certificate (Organization)
3143	Conditional or Probationary License of Certificate (Org)
3144	Denial of License or Certificate (Renewal Only) (Org)
3145	Denial of Initial License or Certificate (Org)
3202	Directed Plan or Correction (Licen/Gov Admin) (Organization)
3203	On-Site Monitoring (Licen/Gov Admin) (Organization)
3204	Monitoring (Licensure) (Org)
3205	Directed In-Service Training (Licen/Gov Admn) (Organization)
3206	Appointment of Temporary Management (Licen/Gov Admin)(Org)
3207	Restrictions on Admissions or Services (Licen/Gov Adm) (Org)
3210	Closure of Facility (Licensure/Gov Admin) (Organization)
3212	Transfr Residnts to Othr Facil w/o Closure (Lic/GovAd) (Org)
3220	Receivership (Licensure) (Organization)
3225	Liquidation (Licensure) (Organization)
3230	Civil Money Penalty (Licensure/Gov Admin) (Organization)
3231	Civil Money Penalty Imposed by a Federal or State Health Care Program (Org) (av 5/6/13)
3232	Administrative Fine/Money Penalty (Gov Adm) (Org) (retired 5/6/13)
3233	Publicly Available Fine/Monetary Penalty (Licen) (Org)
3234	Gov Admin Administrative Fine/Monetary Penalty Imposed by a Federal or State Health Care Program (Org) (av 5/6/13)
3238	Summary/Emergency Action (NPDB Only), Specify (Org.)
3239	Other Licensure Action, Not Classified (Organization)
3281	License or Certification Restored or Reinst. Complete (Org.)
3283	License or Cert. Restored or Reinstated, Conditional (Org)
3284	License Restored or Reinstated, Partial (Org) (av 6/15/09)
3286	License or Certification Restoration/Reinstatement Denied (Org.)
3295	Reduction of Previous Licensure Action (Organization)
3296	Lic. Extension of Previous Action (Org.)

Value	Label
3297	Modification of Previous Licensure Action (Org) (av 6/15/09)
3500	Debarment from Federal Programs (Organization)
3505	Exclusion from a Federal Health Care Program (Organization)
3507	Exclusion from a State Health Care Program (Organization)
3508	Exclusion from Mcare, Mcaid & All Othr Fed HC Programs (Org)
3509	Exclusion from Medicare and State Health Care Programs (Org)
3510	Gov Admin Termin of Mcare/Othr Fed Prgm Partic (Organization)
3512	Gov Admin Vol Termtn of Mcare/Prgm Partic Undr Invest (Org)
3513	Gov Admin Nonrenwl of Mcare/Othr Prgm Partic for Cause (Org)
3515	Reinstatement from Exclusion or Debarment (Organization)
3516	Reinstatement from Exclusion or Debarment Denied (Org)
3517	Gov Adm Vol Tmtn Mcaid/St Prgm Prtcn Undr Invst/Disc (Org)
3518	Gov Admin Non-rnwl of Mcaid/St Prgm Partic for Cause (Org)
3519	Modification of Previous Action (Exclusion) (Org) (av 6/15/09)
3520	Gov Admin Contrat Termination (Organization)
3521	Gov Admin Contract Termination (Org) (av 5/6/13)
3525	Gov Admin Denial of Initial Application (Org) (av 6/15/09)
3538	Gov Admin Administrative Fine/Monetary Penalty (Org) (av 5/6/13)
3539	Gov Admin Civil Money Penalty (Org) (av 5/6/13)
3540	Gov Admin Marketing Activities Suspended or Restrictd (Org)
3542	Gov Admin Beneficiary Enrollment Suspended (Organization)
3551	Gov Admin Terminatn Mcaid/State Prgm Partic for Cause (Org)
3579	Gov Admin Other Action Imposed by Medicaid or Other State Health Care Program- Not Classified, Specify (Org) (av 5/6/13)
3580	Gov Admin Reinstatement (Org) (av 5/6/13)
3581	Gov Admin Reinstatement Denied (Org) (av 5/6/13)
3582	Gov Admin Reduction of Previous Action (Org) (av 5/6/13)
3583	Gov Admin Extension of Previous Action (Org) (av 5/6/13)
3584	Gov Admin Modification of Previous Action (Org) (av 5/6/13)
3588	Gov Admin Other Adjudicated Action or Decision Not Classified, Specify (Org) (av 5/6/13)
3589	Gov Admin Other Action, Not Classified (Organization) (retired 5/6/13)
3590	Gov Admin Reinstatment (Organization)
3592	Gov Admin Reinstatement Denied (Organization)
3595	Gov Admin Reduction of Previous Action (Organization)
3596	Gov Admin Extension of Previous Action (Organization)
3597	Gov Admin Modificatn of Previous Actn (Org) (av 6/15/09)
3598	Gov Admin Other Action Imposed by Medicare or Other Federal Health Care Program- Not Classified, Specify (Org) (av 5/6/13)
3599	Gov Admin Other Certification Action - Not Classified, Specify (Org) (av 5/6/13)
3850	Accreditation Award Revoked (Org.) (av 3/1/10)
3855	Non-Accreditation/Denial of Accreditation (Org.) (av 3/1/10)
3859	Other Private Accred. Actn (Not Classified) Specify (Org.)(av 3/1/10)
3860	Accreditation (Organization) (av 3/1/10)
3862	Accreditation Restored/Reinstated, Conditional (Org.)(av 3/1/10)

Value	Label
3864	Accreditation Restoration/Reinstatement Denied (Org.)(av 3/1/10)
3920	Health Plan Contract Termination (Organization)
3930	Health Plan Suspension of Contract (Organization)
3932	Administrative Fine/Monetary Penalty (Organization)
3950	Denial of Contract Applictn/Renewal (Org) (Retired 6/15/09)
3951	Health Plan Denial of Initial Contract Applicatn (av 6/15/09)
3952	Health Plan Denial of Contract Renewal (Org)(av 6/15/09)
3989	Other Health Plan Action, Specify (Organization)
3990	Reinstatement (Organization)
3992	Reinstatement Denied (Organization)
3995	Reduction of Previous Action (Organization)
3996	Extension of Previous Action (Organization)
3997	Health Plan Modificatn of Previous Actn (Org)(av 6/15/09)

***AACCLASS1 Codes with Major Text Changes – Listed is the value from the previous versions.**

Value	Label	Date of First Use	Date of Last Use
1146	Reprimand, Censure, Voluntary Surrender of License (Individual)(Legacy Reports Only) <i>[This is now code 1144]</i>		08/13/2007
1173	Admin. Fine/Monetary Pnlty & Another Actn (Licensure) (Individual)		01/08/2002
1283	License Restored or Reinstated (Legacy Report)(Individual)	11/22/1999	06/15/2009

AACCLASS2

Adverse Action Classification 2. [This field is blank in Malpractice Payment records.]
This variable was first used in reports on 11/22/1999.

Value	Label
(SAME AS AACCLASS1)	

AACCLASS3

Adverse Action Classification 3. [This field is blank in Malpractice Payment records.]
This variable was first used in reports on 11/22/1999.

Value	Label
(SAME AS AACCLASS1)	

AACCLASS4

Adverse Action Classification 4. [This field is blank in Malpractice Payment records.]
This variable was first used in reports on 11/22/1999.

Value	Label
(SAME AS AACCLASS1)	

AACCLASS5

Adverse Action Classification 5. [This field is blank in Malpractice Payment records.]
This variable was first used in reports on 11/22/1999.

Value	Label
(SAME AS AACCLASS1)	

BASISCD1

Basis for Action1. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 11/22/1999. For records with a RECTYPE value of "A" (old format Adverse Action Reports), the value shown has been translated into the new Consolidated Adverse Action Report BASISCD1 codes from the codes used in old format reports.

Value	Label	Date of First Use	Date of Last Use
0	Basis Code Not Required		
01	Alcohol and/or Other Substance Abuse	11/22/1999	9/9/2002
03	Narcotics Violation	11/22/1999	9/9/2002
05	Fraud (Unspecified)	11/22/1999	
06	Insurance Fraud (Medicare and Other Federal Gov. Program)	11/22/1999	9/9/2002
07	Insurance Fraud (Medicaid or Other State Gov. Program)	11/22/1999	9/9/2002
08	Insurance Fraud (Non-Government or Private Insurance)	11/22/1999	9/9/2002
09	Fraud in Obtaining License or Credentials	11/22/1999	9/9/2002
10	Unprofessional Conduct	11/22/1999	6/15/2009

Value	Label	Date of First Use	Date of Last Use
11	Incompetence	11/22/1999	
12	Malpractice	11/22/1999	
13	Negligence	11/22/1999	
14	Patient Abuse	11/22/1999	
15	Patient Neglect	11/22/1999	
16	Misappropriation of Patient Property or Other Property	11/22/1999	
17	Inadequate or Improper Infection Control Practices	6/15/2009	
18	Deferred Adjudication	6/15/2009	
19	Criminal Conviction	11/22/1999	
20	Mental Disorder	11/22/1999	9/9/2002
21	Failure to Repay Overpayment [available 1/25/2010]		
22	Advertising or Marketing Services or Products That Are Discriminatory, Misleading, False, or Deceptive	11/22/1999	9/9/2002
23	Failure to Cooperate With Board Investigation	6/15/2009	
24	Practicing With an Expired License	6/15/2009	
25	Practicing Without a License	6/15/2009	
29	Practicing Beyond Scope of Practice	11/22/1999	
30	Allowing Unlicensed Person to Practice	11/22/1999	9/9/2002
31	Noncompliance with Health and Safety Requirements	11/22/1999	
32	Lack of Appropriately Qualified Professionals	11/22/1999	
34	Financial Insolvency		
35	Drug Screening Violation	6/15/2009	
36	Violation of Federal or State Tax Code	6/15/2009	
37	Failure to Pay Child Support/Delinquent Child Support	6/15/2009	
39	License Action by Fed., State, or Local Licensing Authority	11/22/1999	
40	Exclusion/Suspension from Fed or State HC Program	11/22/1999	
41	Entities Owned/Controlled by Sanctioned Individual		
42	Individuals Controlling Sanctioned Entities	11/22/1999	
43	Employing/Contractng w. Individ. Excluded frm Fed/St HC Prgm		
44	Default on Health Education Loan or Scholarship Obligations	11/22/1999	
45 *	Failure to Maintain Records or Provide Medical, Financial or Other Required Information	11/22/1999	
46	Failure to Grant Immediate Access	11/22/1999	
47	Failure to Corrective Action		
48	Failure to Obtain Surety Bond		

Value	Label	Date of First Use	Date of Last Use
49	Failure to Comply w. Composition of Enrollment Requirements		
50	Failure to Maintain Adequate or Accurate Records	6/15/2009	
51	Failure to Perform Contractual Obligations		
52*	Incompetence, Malpractice, Negligence (Legacy Format Reports)	11/22/1999	
53	Failure to Provide Med Resnble or Nec. Items/Services	11/22/1999	
54	Furnishing Unnecessary or Substandard Items/Services	11/22/1999	
55	Improper or Abusive Billing Practices	11/22/1999	
56	Submitting False Claims	11/22/1999	
57	Fraud, Kickbacks and Other Prohibited Activities	11/22/1999	
58	Imposition of Civil Money Penalty or Assessment	11/22/1999	
59	Peer Review Organization Recommendation	11/22/1999	
60	Felony Conviction Related to Health Care Fraud	11/22/1999	
61	Felony Conviction Re: Controlled Substance Violation	11/22/1999	
62	Program-Related Conviction	11/22/1999	
63	Conviction Re: Patient Abuse or Neglect	11/22/1999	
64	Conviction Re: Fraud	11/22/1999	
65	Conviction Re: Obstruction of an Investigation	11/22/1999	
66	Conviction Re: Controlled Substances	11/22/1999	
69	Criminal Conviction, Not Classified	11/22/1999	
70	Violation of By-Laws, Protocols or Guidelines	6/15/2009	
71	Conflict of Interest	11/22/1999	
72	Corporate Integrity Agreement Breach		
73	Settlement Agreement Breach		
74	Violation of Federal or State Antitrust Statute		
75	Violation of Drug-Free Workplace Act		
76	Viol. of Immig. & Nationality Act		
77	Employment Provisions		
77	Viol. of ADA or Applicable Federal or State Laws		
78	Viol. of Civil Rights Act or Applicable Fed or State Laws		
79	Violations of Code of Ethics	6/15/2009	
80	Physical Impairment	11/22/1999	9/9/2002
81	Misrepresentation of Credentials	4/30/2001	

Value	Label	Date of First Use	Date of Last Use
82	Debarment from Federal or State Program		
83	Hospital Privileges Restricted, Suspended, or Revoked		
84	Violation of State Health Code (av 6/15/09)		
91	Noncompl. w Priv. Accred. Standards		
92	Noncompl w Prv Accrd stds posing risk to safety/quality care		
99	Other (Not Classified)	11/22/1999	
A1	Failure to Meet the Initial Requirements of a License	9/9/2002	
A2	Failure to Comply with Continuing Education or Competency Rqmts	9/9/2002	
A3	Failure to Meet Licensing Board Reporting Requirements	9/9/2002	
A4	Practicing Without a Valid License	9/9/2002	
A5	Violation of or Failure to Comply with Licensing Board Order	9/9/2002	
A6	Violation of Federal or State Statutes, Regulations or Rules	9/9/2002	
A7	Surrendered License to Practice	9/9/2002	
A8 *	Clinical Priv. Restricted, Suspended or Revoked by Another Hospital or Health Care Facility	9/9/2002	
A9	Fail to Meet/Comply w Contract Oblgtns or Particptn Rqrmnts		
AA	Failure to Comply with Corrective Action Plan	9/9/2002	
AB	Practicing Beyond the Scope of Privileges	9/9/2002	
AC	Failure to Maintain Equipment/Missing or Inadequate Equipment	9/9/2002	
AD	Surrendered Clinical Privileges	9/9/2002	
AE	Operatg w/o a License/Permits/on a Lapsed License [av 6/15/09]		
AF	Operating beyond scope of license (av 6/15/09)		
AG	Failure to Maintn Supplies/Misssg or Inadequt Suppls [av 6/15/09]		
AH	Failure to Comply with Terms of Probation or other Previously Imposed Requirements	6/15/2009	
B1	Nolo Contendre Plea	9/9/2002	
C1	Failure to Obtain Informed Consent	9/9/2002	
C2	Failure to Comply with Patient Consultation Requirements	9/9/2002	
C3	Breach of Confidentiality	9/9/2002	
D1	Sexual Misconduct	9/9/2002	

Value	Label	Date of First Use	Date of Last Use
D2	Non-Sexual Dual Relationship or Boundary Violation	9/9/2002	
D3	Exploiting a Patient for Financial Gain	9/9/2002	
D4	Abusive Conduct Toward Staff	6/15/2009	
D5	Disruptive Conduct	6/15/2009	
D6	Conduct Evidencing Moral Unfitness	6/15/2009	
D7	Conduct Evidencing Ethical Unfitness	6/15/2009	
D8	Other Unprofessional Conduct, Specify	6/15/2009	
E1	Insurance Fraud (Medicare, Medicaid or Other Insurance)	9/9/2002	
E2	Providing or Ordering Unnecessary Tests or Services	9/9/2002	
E3	Filing False Reports or Falsifying Records	9/9/2002	
E4	Fraud, Deceit or Material Omission in Obtaining License or Credentials	9/9/2002	
E5	Misleading, False or Deceptive Advertising or Marketing	9/9/2002	
E6	Failure to Disclose	6/15/2009	
F1	Immediate Threat to Health or Safety	9/9/2002	
F2	Unable to Practice safely by Reason of Alcohol or Other Substance Abuse	9/9/2002	
F3	Unable to Practice Safely by Reason of Psychological Impairment or Mental Disorder	9/9/2002	
F4	Unable to Practice Safely by Reason of Physical Illness or Impairment	9/9/2002	
F5	Unable to Practice Safely	9/9/2002	
F6	Substandard or Inadequate Care	9/9/2002	
F7	Substandard or Inadequate Skill Level	9/9/2002	
F8	Failure to Consult or Delay in Seeking Consultation w Supervisor/Proctor	9/9/2002	
F9	Patient Abandonment	9/9/2002	
FA	Inappropriate Refusal to Treat	9/9/2002	
FB	Excessive Malpractice Cases / Extensive Malpractice History		
FC	Negligent Credentialing		
G1	Improper or Inadequate Supervision or Delegation	9/9/2002	
G2	Allowing or Aiding Unlicensed Practice	9/9/2002	
H1	Narcotics Violation or Other Violation of Drug Statutes	9/9/2002	
H2	Unauthorized Prescribing of Medication	9/9/2002	
H3	Unauthorized Dispensing of Medication	9/9/2002	
H4	Unauthorized Administration of Medication	9/9/2002	
H5	Error in Prescribing, Dispensing or Administering Medication	9/9/2002	
H6	Diversion of Controlled Substance	9/9/2002	

Value	Label	Date of First Use	Date of Last Use
H7	Inadequate security for controlled substances (org) [avail 6/15/09]	6/15/2009	
H8	Expired drugs in inventory (Org) (av 6/15/09)		
H9	Misbrand Drug Labels/Lack Reqrd Labelg Drugs (Org) [av 6/15/09]		
I1	Diverted Conviction [av 6/6/11]		

* The table below lists BASISCD1 codes with Major Text Changes – the value from previous versions is shown.

Value	Label	Date of First Use	Date of Last Use
45	Failure to Maintain/Provide Records		11/21/1999
A8	Clinical Privileges Restricted, Suspended or Revoked by Another Health Care Facility		09/08/2002
52	Failure to Repay Overpayment	06/15/2009	01/24/2010

BASISCD2

Basis for Action2. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 11/22/1999.

Value	Label
(SAME AS BASISCD1)	

BASISCD3

Basis for Action3. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 11/22/1999.

Value	Label
(SAME AS BASISCD1)	

BASISCD4

Basis for Action4. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 11/22/1999.

Value	Label
(SAME AS BASISCD1)	

BASISCD5

Basis for Action5. [This field is blank in Malpractice Payment records.] This variable was first used in reports on 9/2/2002; between 11/22/1999 and 9/2/2002 only four basis codes were allowed.

Value	Label
(SAME AS BASISCD1)	

AALENTYP

Adverse Action Length Type. [This field is blank in Malpractice Payment records.]

Value	Label
I	Indefinite Penalty Length
P	Permanent Penalty
S	Specified Penalty Length

AALENGTH

For specified penalty lengths, Length of Adverse Action Penalty, in Years and Fractions of Years (i.e., 2.25 is 2 years 3 months). [This field is blank in Malpractice Payment, Old Format Exclusion, and Adverse Action Records which do not have a specified penalty length.]

AAEFYEAR

Effective Year of Adverse Action [Note: Erroneous years (e.g., 1900) were recorded exactly as they were reported by the reporting entity and must be corrected by the same. The process to correct erroneous years is currently underway.][This field is blank in Malpractice Payment records.]

AASIGYR

Year of Adverse Action Report Signature. [Note: Erroneous years (e.g., 1900) were recorded exactly as they were reported by the reporting entity and must be corrected by the same. The process to correct erroneous years is currently underway.] [This field is blank in Malpractice Payment records.]

TYPE

Type of Reporting Entity.

Value	Label
0	Self Query Processing (Legacy)
10	Non-Fed. Malp. Payor (Legacy)
11	State Nursing Board (Legacy)
12	State Pharmacist Board (Legacy)
13	Federal Malp. Payor (Legacy)
14	State Chiropractor Board (Legacy)
15	Indiv. Malp. Payor (Legacy)
16	Malpractice Payer (Organization) (Legacy)
17*	State Fund (Legacy)
18	State Optometry Board (Legacy)
19	State Podiatry Board (Legacy)
20	State Allopathic Board (Legacy)
21	Other Malpractice Payer, specify (Legacy)
22	State Osteopathic Board (Legacy)
23	Insurance Commission (Legacy)
24	State Composite Board (Legacy)
25	State Board - Other Practitioners (Legacy)
26	State Dentistry Board (Legacy)
27	Survey and Certification Agency (Legacy)
28	Other Licensing Agency Specify (Legacy)
29	State Board - Entity Licensing (Legacy)
30	Hospital (non-U.S. Government) (Legacy)
31	U.S. Government Hospital (Legacy)
32	Community Health Center (Legacy)
33	Health Maintenance Organization (Legacy)
34	Employer Health Care Purchasing Coalition or Group (Legacy)
35	Preferred Provider Organization (Legacy)
36	Group Medical Practice (Legacy)
37	End Stage Renal Disease Facility (Legacy)
38	Other U.S. Government Health Care Entity (Legacy)
39	Other Entity (non-U.S. Government) (Legacy)
40	Allopathic Professional Society (Legacy)

Value	Label
41	Health Insurance Company (Legacy)
42	Special Investigative Unit (Ins. Co./Health Plan) (Legacy)
43	Osteopathic Professional Society (Legacy)
44	Hospital (Legacy)
45	Home Health Agency/Organization (Legacy)
46	Dental Professional Society (Legacy)
47	Hospice / Hospice Care Provider (Legacy)
48	Managed Care Organization (MCO, PPO, HMO) (Legacy)
49	Professional Society – Other Practitioners (Legacy)
51	Mental Health Center / CMHC (Legacy)
52	Malpractice Litigant (Self) (Legacy)
53	Nursing Facility / Skilled Nursing Facility (Legacy)
54	Org. under Contract with Gov. Health Care Program (Legacy)
55	Residential Treatment Facility / Program (Legacy)
56	Medicare Program - CMS (Legacy)
57	State Medicaid Agency (Legacy)
58	Other Govt. Program Paying for Health Care Services (Legacy)
59	Indemnity Insurance Company (Legacy)
60	Self-Insured Employer Health Plan (Legacy)
61	Medicare Part A Contractor (Legacy)
62	Medicare Part B Contractor (Legacy)
63	Champus Contractor (Legacy)
64	Medicare Contractor - FI, Enrollment or Program Integrity (Legacy)
66	Other Health Care Service Provider, Specify (Legacy)
67	Other Health Plan, Specify (Legacy)
70	Accreditation Organization (Legacy)
71	State Agency (Legacy)
72	Medicaid Fraud Control Unit (Legacy)
73	State Agency Admin. State Health Care Programs (Legacy)
74	State Prosecutor or States Attorney (Legacy)
75	District Attorney/County Prosecutor, etc. (Legacy)
76	State Police/Bureau of Investigation (Legacy)
77	Health Care Investigative Unit or Task Force (Legacy)
78	Local/Municipal Police (Legacy)
79	Other Law Enforcement Agency, Specify (Legacy)
81	U.S. Attorney General (Legacy)
82	U.S. Chief Postal Inspector (Legacy)
83	U.S. Inspectors General (Legacy)
84	U.S. Attorneys (Legacy)
85	U.S. Comptroller General (Legacy)
86	U.S. Drug Enforcement Administration (Legacy)
87	U.S. Nuclear Regulatory Commission (Legacy)

Value	Label
88	Federal Bureau of Investigation (Legacy)
90	Federal Prosecutor or US Attorney (Legacy)
91	State Attorneys General (Legacy)
92	Peer Review Organization Non-CMS (Legacy)
93	Secretary, U.S. DHHS (Legacy)
94	Quality Improvement Organization under CMS Contract (Legacy)
95	HHS OIG Exclusion (Legacy)
96	Federal Agency Admin. Health Care Program(s) (Legacy)
97	Private Accreditation Organization (Legacy)
98	Correctional Institution (Legacy)
99	Authorized Agent (Legacy)
100	General/Acute Care Hospital
101	Children Hospital
102	Psychiatric Hospital
103	Rehabilitation Hospital
104	Long Term Care Hospital
105	Specialty Hospital
106	Critical Access Hospital
109	Other Hospital, Specify
110	Hospital in a Correctional Institution
120	Ambulatory Surgical Center
121	Ambulatory Clinic/Center
122	Health Center - All or Federally Qualified or Community
123	Student Health Services
125	Group Medical Practice
130	Mental Health Center/CMHC
135	End Stage Renal Disease Facility
140	Nursing/Skilled Nursing Facility
143	Assisted Living Facility
145	Hospice/Hospice Care Provider
150	Residential Treatment Facility/Program
160	Home Health Agency/Organization
169	Other Health Care Service Provider, Specify
170	Other Health Care Provider in a Correctional Facility
200	Employer Health Care Purchasing Coalition/Group
210	Managed Care Organization (MCO)
211	Preferred Provider Organization (PPO)
212	Health Maintenance Organization (HMO)
213	Point of Service Plan (POS)
220	Independent Practice Association (IPA)
221	Physician-Hospital Organization (PHO)

Value	Label
222	Third-Party Administrator (TPA)
223	Vision Services Plan
224	Dental Services Plan
225	Managed Behavioral Health Care Org.(MBHO)
230	Indemnity Health Insurance Company
231	Health Insurance Company
232	Special Investigative Unit (SIU)
240	Self-Insured Employer Health Plan
241	Managed Services Organization (MSO)
242	Delegated Credentialing Services Provider
259	Other Health Plan, Specify
300	Health Care Practitioner Licensing Board/Authority
320	Health Care Facility Licensing Board/Authority
330	Insurance Commission
349	Other Licensing Board/Authority, Specify
350	Survey and Certification Agency
400	Allopathic Professional Society
401	Dental Professional Society
402	Osteopathic Professional Society
409	Professional Society – Other Practitioners, Specify
500	Malpractice Payer (Organization)
510	State Insur. Guaranty/Guar. Fund or Insolvnt Insurer Fund
511	State Gov. Patient Compensatn, Excess Judgmt or Stablztn Fund
515	Self-Insured Entity (not eligible to register in other category)
519	Other Malpractice Payer, Specify
600	Federal Prosecutor or US Attorney
601	Fed. Inspector General Office/Investigative Agency
606	State Prosecutor or States Attorney
607	State Police/Bureau of Investigation
608	Medicaid Fraud Control Unit
610	Local Prosecutor/District Attorney
611	Local/Municipal Police
622	Correctional Institution
629	Other Law Enforcement Agency, Specify
650	Medicare Program - CMS
660	Medicaid Agency
679	Other Govt. Program Paying for Health Care Services
689	Org. Under Contract w/ Govt. Health Care Program
700	Peer Review Org. Under Contract w/ CMS
710	Peer Review Org. Not Under Contract w/ CMS
800	Private Accreditation Organization

***The table below shows a TYPE code with a major text change – the text shown was previously used.**

Value	Label
17	State Fund

The following eleven variables are not contained in Data Bank reports but instead are calculated at the time the public use file is created. The values of the "NPxxxRPT" variables and ACCRRPTS variable will be the same in all reports for a given practitioner (i.e., all records with the same PRACTNUM value). The FUNDPYMT variable will have a value shown only for malpractice payment records.

PRACTNUM

Practitioner Number. (This number is assigned solely to each individual practitioner listed in this edition of the NPDB Public Use Data File. Its use allows researchers to link reports concerning the same practitioner. For example, if the fictional Dr. James Kildare had been reported for a malpractice payment, a clinical privileges action, and a state licensure action, the records for all three reports would list the same PRACTNUM in this file. PRACTNUM values are assigned during the creation of this file and are unique to this file. PRACTNUM is not used by the National Practitioner Data Bank in any way. It is neither linked to nor derived from any practitioner identification numbers used by the National Practitioner Data Bank. Note also that although all records of a given practitioner will have the same PRACTNUM in this edition of the Public Use Data File, that same practitioner may have a different PRACTNUM in other editions of the Public Use Data Files prepared on different dates.)

ACCRRPTS

Subject's Number of Accreditation Reports. CAUTION: This variable counts the number of accreditation actions for the subjects in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the subject's number of accreditation action reports in your selected subset. For example, if subject number 1545 has three accreditation action reports, two for Kansas accreditation actions and one for a Missouri accreditation action, a researcher who selected only Missouri accreditation action for analysis would have only one record for subject number 1545 in his or her Missouri data file, but that record would say the subject has three accreditation action reports, not one.

NPMALRPT

Subject's Number of Malpractice Payment Reports submitted under Title IV. CAUTION: This variable counts the number of malpractice payments for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of payment reports in your selected subset. For example, if practitioner number 1545 has three malpractice payment reports, two for Kansas payments and one for a Missouri payment, a researcher who selected only Missouri malpractice payments for analysis would have only one record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three malpractice payment reports, not one.

NPLICRPT

Subject's Number of Licensure Reports submitted under Title IV and/or Section 1921. CAUTION: This variable counts the number of licensure actions for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of licensure action reports in your selected subset. For example, if practitioner number 1545 has three licensure action reports, two for Kansas licensure actions and one for a Missouri licensure action, a researcher who selected only Missouri licensure actions for analysis would have only one record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three licensure action reports, not one.

NPCLPRPT

Subject's Number of Clinical Privileges or Panel Member Reports submitted under Title IV. CAUTION: This variable counts the number of clinical privileges or panel membership actions for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of clinical privileges or panel membership action reports in your selected subset. For example, if practitioner number 1545 has three clinical privileges or panel membership action reports, two for Kansas actions and one for a Missouri action, a researcher who selected only Missouri clinical privileges or panel membership actions for analysis would have only one record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three clinical privileges or panel membership action reports, not one.

NPPSMRPT

Subject's Number of Professional Society Membership Reports submitted under Title IV. CAUTION: This variable counts the number of professional society membership action reports for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of professional society membership action reports in your selected subset. For example, if practitioner number 1545 has three professional society membership reports, two for Kansas actions and one for a Missouri action, a researcher who selected only Missouri professional society membership actions for analysis would have only one record for practitioner number 1545 in his or her Missouri data file, but that record would

say the practitioner has three professional society membership action reports, not one.

NPDEARPT

Subject's Number of DEA Reports submitted under Title. CAUTION: This variable counts the number of DEA actions for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of DEA action reports in your selected subset. For example, if practitioner number 1545 has three DEA action reports, two for DEA actions while the practitioner was practicing in Kansas and one for while the practitioner was practicing in Missouri, a researcher who selected only Missouri reports for analysis would have only one DEA action record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three DEA action reports, not one.

NPEXCRPT

Subject's Number of Exclusion Reports submitted under Title IV and/or Section 1921. CAUTION: This variable counts the number of exclusion actions for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of exclusion action reports in your selected subset. For example, if practitioner number 1545 has three exclusion action reports, two for exclusion actions while the practitioner was practicing in Kansas and one for while the practitioner was practicing in Missouri, a researcher who selected only Missouri reports for analysis would have only one exclusion action record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three exclusion action reports, not one.

NPGARPT

Subject's Number of Government Administrative Reports submitted under Section 1921. CAUTION: This variable counts the number of government administrative actions for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of government administrative action reports in your selected subset. For example, if practitioner number 1545 has three government administrative action reports, two for government administrative actions while the practitioner was practicing in Kansas and one for while the practitioner was practicing in Missouri, a researcher who selected only Missouri reports for analysis would have only one government administrative action record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three government administrative action reports, not one.

NPCTMRPT

Subject's Number of Contract Termination Reports submitted under Section 1921. CAUTION: This variable counts the number of contract termination actions for the practitioner in the full Public Use File. If you select a subset of the file (e.g., only reports from a particular State) this value may not reflect the practitioner's number of contract termination action reports in your selected subset. For example, if practitioner number 1545 has three contract termination action reports, two for contract termination actions while the practitioner was practicing in Kansas and one for while the practitioner was practicing in Missouri, a researcher who selected only Missouri reports for analysis would have only one contract termination action record for practitioner number 1545 in his or her Missouri data file, but that record would say the practitioner has three contract termination action reports, not one.

FUNDPYMT

Malpractice Payment Made by a State Patient Compensation Fund, Excess Judgment Fund, or Other Similar State Funds. (Nine States -- Florida, Indiana, Kansas, Louisiana, Nebraska, New Mexico, Pennsylvania, South Carolina, and Wisconsin -- have or had State funds which make malpractice payments in addition to the payment made by a practitioner's primary malpractice insurance carrier if the total amount of the settlement or judgment is more than a maximum amount set in State law for payments by a primary insurance carrier. If such payments are made, there are in most cases two reports to the NPDB, one from the primary malpractice insurance carrier and one from the State fund, for a single malpractice incident. [In some instances, however, a State fund may be the only payer.] Note that payments made by these funds have the effect of increasing the number of reports and decreasing the mean and median payment amounts in the affected States. Some of these funds have made payments for practitioners not practicing in the State of the fund at the time of the malpractice incident and some routinely make some payments for practitioners who are not covered by any primary carrier. New York has a malpractice carrier of last resort which sometimes is a practitioner's only carrier and sometimes provides only excess coverage. Payments by this New York carrier are NOT identified as state fund payments.) [This field is blank except for Malpractice Payment records.]

Value	Label
0	Malpractice Payment Made by an Insurance Company or Self-Insured Entity
1	Malpractice Payment Made by a State Fund